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10/589,609		433	3735	A-10135

APPLICANTS

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**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

GERMANY 10 2004 011 200.2 03/04/2004

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GERMANY 10 2004 033 932.5 07/14/2004

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and	/SAMUEL G GILBERT/	Initials	GERMANY	2	23	1
Acknowledged	Examiner's Signature					

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TITLE

Massaging appliance

FILING FEE RECEIVED 1149	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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